

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572891

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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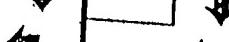
49

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TOTAL IND.

1

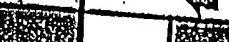
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TOTAL DEP.

10

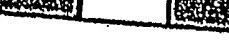
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TOTAL CLAIMS

11

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AS FILED

DEP.

AFTER
1ST AMENDMENT

IND.

DEP.

AFTER
1ST AMENDMENT

IND.

DEP.

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100

TOTAL IND.

↓



TOTAL DEP.

↔



TOTAL CLAIMS

↔

